STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	11369
County Osacco	Registration Dist. No
Village or City Land	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Intant adams	
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attanded deceesed from
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on A 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, atm.
27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 2. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end	birth This a Bull
work was dona, as SILK MILL, SAW MILL, BANK, etc.	continued have
11. Total time (years) this occupation (month end year) year) Output 12. Total time (years) spent in this occupation	en end gradued death
12. BIRTHPLACE (city or town) & how Co Garanty (State or country)	Other Contributory Causes of importance:
	frem of him
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Wes there en autopsy?
15. MAIDEN NAME Louise Wynkley?	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Locale Munkler 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Com Adams (Address)	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Hompet Cemelary Date Nov 23 , 1932	Manner of Injury
19 UNDERTAKER Lolydes adams	24. Was diseese or injury in any wey related to occupation of daceesed?
20. FILED Nor 21, 1932 Clara a Green Dept & Registrar.	(Signed) M. D. (Address) M. D.
A Cognitar.	(AUUIE33)

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person KILLEIV who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation EC 15 1932 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

· W :

1. PLACE OF DEATH		4
County Marles	· 1-	Registration Dist. No. 105
Village or City	nev	No. St., Wa If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where	//	sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME ALL	about 1	rauner
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and Sigte
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Colord	5. SINGLE, MARRIED, WIOOWED, OR DIVORCEO (write the word)	21. DATE OF DEATH (Month) (Day) (Pear)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	Je .	22. I HEREBY CERTIFY, That I attended deceased for the state of the st
6. DATE OF BIRTH (month, day, and yeer)	m 25 1932	I last saw h aliva on
7. AGE Years Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date statad abova, atm. The PRINCIPAL CAUSE OF OEATH and related causes of Importanca were as follows:
**Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	-	Slillborn
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (yeers)	
this occupation (month and year) 12. BfRTHPLACE (city or town)	spant in this occupation	Other Contributory Causes of Importence:
(State or country)	Smith	
14. BIRTHPLACE (city or town)		Name of operation
(State of country)	di	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	mole Manni	23. If death was due to external causes (VIOLENCE) filt In also tha following: Accident, suicide, or homicide?
17. INFORMANT Janatus (Address)	Brawner	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place At Home	Oate NOV 26, 1932	Manner of injury
19. UNDERTAKER Ignatus (Address)	Browner	24. Was diseasa or injury In any way related to occupation of deceased? If so, specify
20. FILEO 22 27 1992 Tol	ara a. Green	(Signed) Stara II Free (Address) Forther Md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	demonstration of the second	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arleriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1, 1923	Other contributory causes of importance: Gastroenteritis	1 year

BINDING

FOR

RESERVED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Day)

Dete of injury ______ 19

(Year)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	f ESTO	Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis BUREAU	V. S. 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5 1927	Peritonitis	3 days ago
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11927
1. PLACE OF DEATH	107
County Charles	Registration Dist. No. 106
Village or City Quedian Head, Med	. No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 15 yrsmo	s. ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William Dounver	
(a) Residence: No. Malaw Head M (Usual place of abode)	4. St., Ward. If nouresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colored Single, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Wovember (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	M
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 11-23-1932, to 11-28-1932
6. DATE OF BIRTH (month, day, and year) Took kurwn	1 last saw h Law alive on 11-28-32 19 death is said
7. AGE / Years Months Days if LESS than	to have occurred on the date stated abova, at 2:30 Am.
about 115 lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
- 8. Trada, profession, or particular	Broughist Aulumnia 11-9-3
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased iast worked at this occupation (month and Company) spent in this security is security in this security in this security in this security in this security is security in this security in this security in this security is security in this security in this security in this security is security in this security in this security in this security is security in this security in this security in this security is security in this security in this security in this security is security in this security in this security in this security is security in this security in this security in this security is security in this security in this security in this security is security in this security in the security in this security is security in the security in this security is security in the security in the security in the security is security in the security in the security in the security is security in the security in the security in the security is security in the security in the security in the security is security in the security in the security in the security is security in the security in the security in the security is security in the security in the security in the security is security.	The state of the s
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc.	
10. Data deceased last worked at this occupation (month and 932) spent in this year)	
12. BIRTHPLACE (city or town) Pomonkey, and. (State or country)	Other Contributory Canses of importance: Cardiac failure
I 13. NAME David Dourver	
14. BIRTHPLACE (city or town) Boston / Su ass.	Name of operation
(State or country)	What test confirmed diagnosis?
1 15. MAIOEN NAME May Francis Jackson	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIOEN NAME May Francis Jackson 16. BIRTHPLACE (city or town) & Duronker , Med.	Accident, suicide, or homicide?0ate of Injury19
(State or country)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT (Lefforty Jackson) (Address) Pour frest, md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Qualan Nead Date 11-20-, 1932	Nature of injury
19. UNDERTAKER James R. Parry - (Address) Pa Plata Sud	24. Was disease or injury in any way related to occupation of deceased? Two
11 2 an WEN 1 15	if so, specify
20. FILED / at - 30 , 1932 A Ca Summy Registrar	(Signed) (Signed) (Address) Judian Wood, Signed M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1		Example II The principal cause of death and related causes Date of onset of importance were as follows:		
The principal cause of death and related causes of importance were as follows:	Date of onset			
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	. 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
2 7 3				
Other contributory causes of importance:		Other contributory causes of importance:	TE LEG	
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATH plnods Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? ______ yrs. ____ mos. ____ ds. PHYSICIANS Length of residence in city or town where death occurred mos. 14 statement RECORD. Ward (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, DIVORCED (write the word) (Month) (Year) classified. CT 5a. If married, widowed, or divorced HUSBAND of FY, That I attended deceased from (or) WIFE of 1 6. DATE OF BIRTH (month, day, and year) certificate properly 7. AGE Months Days If LESS than to have occurred on the date statad above, at ... Years stated I day.....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. -Date of onse 8. Trade, profession, or particular NO ARGIN RESERVED kind of work dona, as SPINNER, Jo SAWYER, BOOKKEEPER, etc. OCCUPAT may pluods Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... On #8. Data deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation year) instructions Other Contributory Causes of Importance 12. BIRTHPLACE (city or town) (Stata or country) supplied FATHER 13. NAME 14. BIRTHPLACE (city or town) plain (Stata or country) efully What test confirmed diagnosis?_ Was there an autopsy? HER important. 15. MAIDEN NAM 23. If death was due to external causes (VIOLENCE) fill in also tha following: ii. MOT Accidant, suicide, or homicide?_____ Date of injury______ 19. 16. BIRTHPLACE (city or town) DEATH (State or country) Where did injury occur?___ be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT should OF (Address) 18. BURIAL, CREMATION, OR REMOVAL -Manner of injury CAUSE mation Nature of injury TION 19. UNDERTAKER (Address) If so, specify E. (Signed) (Address) Registrar.

BINDING

FOR

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. (1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		7,81	4
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME irstead of street and PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE | 5 SINGLE. 16 DATE OF DEATH MARRIED. BINDING WIDOWED OR DIVORCED (Write the word (Month) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH that I last saw h alive on and that death occurred on the date stated above, at .. If LESS than 7 AGE I day hrs. The CAUSE OF DEATH * was as follows: or min.? OCCUPATION (a) Trade, profession or particular kind of work piai RESE (b) General nature of industry business, or establishment in ..(Duration)yrs......mos... UNFADING which employed or (employer) Contributory ATH MARGIN 9 BIRTHPLACE Secondary (State or country) (Duration)yrs.......mos......ds. DO 10 NAME OF FATHER 11 BIRTHPLACE *State the Insease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER (State or country 12 MAIDEN NAME 2 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) tate SUP/ 13 BIRTHPLACE In the At place of death _____yrs.____ds, OF MOTHER (State or Country) Where was disease contracted, if not at place of dea.h?.... 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Former or usual residence. If more bianks are needed, addre .s Ltate Registrar, 16 W. Sara oga St., Balto., Requesting V. S. No.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEA Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scruait, Cook, ployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coat men at home, who are engaged in the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Solesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupationto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Civil engineer, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wontwithout more precise specification as Compositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many (b) Automobile factory. The material -Precise statement of ocduties of the (b) Grocery; Day TH,

Strtement of Cause of Death—Name, first, the DISALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fewer (the only definite synonym is "Epidemic cerebrospital meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

carbolic ocid-probably suicide. The nature of the injury occident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. inges, peritonacum, etc., Carcinoma, Sarcoma, etc., ot...... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway troinor as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all " Uraemia, "Inanition," "Heart failure," "Iaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Whooping cough; etanus) may be stated under the head of "contributory." Recommendations on statement of cause of death "Atrophy," "Collapse, Never report more symptoms or terminal condi "" "Weakness," etc., when a definite disease or intercurrent) for malignant neoplasms); Chronic Example: Measles (disease ," "Coma," "Convulsions, affection need not be etc. The contributory valvular heart disease, Nomenclature "Ilaemorrhage, Measles ;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

item of infor-

Exact statement of OCCUPA-

S'	TATE C	OF MARY	/LAND-	CERTIFICATE OF DEATH	1020
1. PLACE OF DEAT	TH 0			<u> </u>	1330
County	arl	5		Registration Dist. No /	04
Village or City	and	kner	Z	No. St. f death occurred in a hospital or institution, give its NAME instead of street	Ward
Length of residence in cit	y or town where	deeth occurred		Bds. How long in U. S. If of foreign birth?yrs.	
2. FULL NAME	till	ton	2 Har	disty	
(a) Residence: No				St., Ward.	
DEDCOMM		(Usual place o		If nonresident give city or town	The second secon
PERSONAL AN				MEDICAL CERTIFICATE OF DEAT	H
unken	R OR RACE	5. SINGLE, MARK OR DIVORCED	(write the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
5a. If married, widowad, or divol HUSBAND of (or) WIFE of	rced			22. I HEREBY CERTIFY, That I atter	
& DATE OF BIRTH (month down		11- 4	-32	l last saw halive on	
7. AGE Years	Months	Days	If LESS than	to heve occurred on the date stated above, at	; death is said
			1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware as follows:	
8. Trade, profession, or pa	rticular			A	Data of onset
kind of work done, SAWYER, BOOKKEE			• • • • • • • • • • • • • • • • • • • •	Lunking	
Mork was done, as S SAW MILL, BANK, e	ILK MILL.				
kind of work done, sAWYER, BOOKKEE Modustry or business in work was done, as SAW MILL, BANK, e O. Date deceased last work in soccupation (mon yaar)	ked at ith and		ne (years) t in this pation		
12. BIRTHPLACE (city or town)		hid		Other Coutributary Causes of Importanca:	
(State or country)					
13. NAME CLE	rlan	d. Haz	desty		
13. NAME 14. BIRTHPLACE (city or ton	wn)	my		Name of oparation Date	of
(State of country)		1 60	1/1	What tast confirmad diagnosis? Was thera	an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	ann.	m. Tota	Eimels	23. If daath was due to external causes (VIOLENCE) fill in also tha folio	wing:
O 16. BIRTHPLACE (city or tov	wn)/	n. l.		Accidant, suicide, or homicida? Date of Injury	, 19
2 (State or country) 17. INFORMANT And American			listy	Where did Injury occur?	State) PLACE.
18. BURIAL, CREMATION OR REMOVAL				Manner of Injury	
Place faulty Dete 1/-10, 1932			10 ,195.2	Nature of injury	
19. UNDERTAKER Cleveland Aushaly (Addrass)			sly	24. Was disaase or injury In any way related to occupation of deceased	
20. FILED. // 107, 1	35 PL	L. Hugo	Registrar.	(Signed) S. L. Harden (Addrass)	M. D.
	If more	blanks are needed, ad	dress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of dcath.—Cause of dcath means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Ccrebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11931
1. PLACE OF DEATH	
County Cherks	Registration Dist. No. 1034
Village or City May Ricle	NoSt Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
0 0 11	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Emly Harri	4
(a) Residence: No. Was Aid (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Williams Hanne	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h 22 alive on
7. AGE Years Months Days if LESS than	to have occurred on the data stated above, etm.
Svatnut 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Chrome higherday
9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and yaar) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME addison Brucer	
14. BIRTHPLACE (city or town) Inde	Name of oparation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to extarnal causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) Made (Stata or country)	Accident, sulcida, or homicide?
- (State of country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT ASSISTED BEST OF CARDEN AS CONTRACTOR OF CON	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Shall Surrely Date 11-6-1232	Nature of injury
19. UNDERTAKER SADE H. Strale (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO. 19-32 Tel Registrar.	(Signed) M. D. (Address) M. D.
If more blanks are needed, address State Registrar.	2411 N. Charles Street Beltimore Properties 71 S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. PHYSICIANS AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING See instructions on back of certificate. WITH. UNFADING INK-THIS MARGIN RESERVED B.—WRITE PLAINLY, WITH UNFAD mation should be carefully supplied. TION is very important.

MOTHER | FATHER

should state

	STATE OF MARYLAND—	CERTIFICATE OF DEATH	32
	County Charles	11-00)	
		Registration Dist. No	0
	Village or City La Plata mg	ND. St., of death occurred in a hospital or institution, give its NAME instead of street and n	Ward
	Length of resideoce in city or town where death occurredmos		umber)
	2. FULL NAME Jennil Ellen J	1 ampins	3
	(a) Residence: No. La Plata mg	St. Ward.	
-	(Usual place of abode)	If nonresident give city or town and	State
7	PERSONAL AND STATISTICAL PARTICULARS \$EX	MEDICAL CERTIFICATE OF DEATH	
5	Imale white widowed (write the word)	21. DATE OF DEATH (Month) (Day)	193
5a	HUSBAND of	(54))	(Year)
	(or) WIFE of J. Henry Hawkens	22. 1 HEREBY CERTIFY, Thet I ettended of	deceased from
6	DATE OF BIRTH (month, dey, end yeer)	7	19.3.}_
	AGE Years Months Days If LESS than	to have occurred on the date stated above, et 5.30 a.m.	; death is said
	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importence	
-	8. Trade, profession, or perticular	were as follows:	Date of onest
OCCUPATION	kind of work done, as SPINNER, None SAWYER, BDDKKEEPER, etc.	Influence Bronch Pre	
PAT	9. Industry or business in which	Jan Brown Meumona	2000 100
2	work was done, es SILK MILL, SAW MILL, BANK, etc		M4./8
ŏ	10. Date decessed last worked et this occupation (month end year) this occupation		
12.	BIRTHPLACE (city or town) Prince Yes, Comg — (Stete or country)	Other Contributory Causes of Importance:	
FATHER	13. NAME & longe marshall,		
ATH	14. BIRTHPLACE (city or town) Prince yes, nd-	Name of operation	
_	(Stete or country)	What test confirmed diagnosis? Was there an eu	
1ER	15. MAIDEN NAME Eleanor Marshall	23. If death wes due to external ceuses (VIOL ENCE) fill in elso the following:	(opsy/
MOTHER	16. BIRTHPLACE (city or town) Prenie Sec. Co (State or country)	Accident, suicide, or homicide? Date of injury Where did Injury occur?	, 19
17.	INFORMANT S. S. Hawens (Address) La Plata md	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE	DE.
18.	PIECE Dakly from Dete Jole 2nd, 1932	Manner of Injury	
19.	UNDERTAKER Huntt End Rugn (Address) waldow. Ind		no
20.	FILED THEN. 30, 1932 do Illian Mosey. Registrar.	(Signed) James & Nolan, (Address) Sa Plate and	M. D.
	If more black an and I all Co. D.	The state of the s	*********

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I		Example II	H4111
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	t DEC 6 tone	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepl	hritis ,	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	The state of the s			
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

Exact statement of OCCUPA-

	-CERTIFICATE OF DEATH 11933
1. PLACE OF DEATH	46
County Charles	Registration Dist. No. 1997
Village or City Waysede	No. St., Ward
	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Richard Hill	
(a) Residence: No. Wayside md	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
E DATE OF BIRTH (month day and year) Dan't know.	I last saw him alive on soft, 1952, death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9.30 A.m.
60 yrs (estimated) 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Carcinoma ! Stomach !
9. Industry or business in which work was done, as SILK MILL,)
SAW MILL, BANK, etc.	
11. Total time (years) this occupation (month and year) year) occupation occupation	
2010	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	1122
W 13. NAME Don't know.	
I	Name of operation. Date of
14. BIRTHPLACE (city or town)(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Wort Janow.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT Cela Thomas	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Warrick m	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Haly Istant Cembrate Nell 2, 193	Nature of injury
19. UNDERTAKER W. Rohy	24. Was disease or Injury in any way related to occupation of deceased? MO
(Address) Fauchen md	If so, specify
20. FILED A-3 1932 Physical Description	(Signed) Clay William M. I
// Registrar.	(Address) Way to a

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	į	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURNAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

7. S. No. 1

BINDING

FOR

RESERVED

ARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
arp re- R			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11935
1. PLACE OF DEATH	97)
County Charles	Registration Dist. No. 40/
Village or City Will Top	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
1 10 m	J. J
2. FULL NAME James de & Mury	, luf
(a) Residence: No./ (Usual place of abode)	ff nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hale 4. COLOR OB RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH ROOM REPORT (Year)
5a. tt married, widowed, or divorced HUSBAND ot (or) WIFE of Margaret Meurbles	22. HEREBY CERTIFY, That I attended deceased from
of the same	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) Tell. 14 1800	I last saw h alive on
7. AGE Years Months Days' It LESS than 1 day,	to have occurred on the date stated above, at
8. Trade, protession, or particular	were as follows:
6 kind of work done, as SPINNER, Farmer	Cremo sector are
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and specified).	
1D. Date deceased last worked at this occupation (month and yaar) 11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) Charles Co. Ind	Other Contributory Causes of Importance:
(State or country) 13. NAME William Murphy	
14. BIRTHPLACE (city or town) University	Name of operation Date of
(Stata of country)	What test confirmed diagnosis? Was thara an autopsy?
15. MAIDEN NAME Delsey Tremon	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Olymunum (Stata or country)	Accident, suicide, or homicide?
17. INFORMANT Maggie Glory (Addrass) Addresater Mid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR ROJOVAL	Manner of Injury
Place provide And Date Plov. 30, 1932	Nature of injury
19. UNDERTAKER H. a. Renn.	24. Was disease or injury In any way related to occupation of deceased?
(Address) La Plata Md.	If so, specity
20. FILED had 1. 29 9 , 1932 Many Souther lung	(Signad) Sur. C. Sichrilly M. D. (Address) Marking M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. J. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis CEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage 57 6 1932	July 5,1927	Peritonitis	3 days ago
THE PEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WRITE

V. S. No. 2 mation

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	Every	CIANS	tement	
	RD.	YSI	stal	
	RECO	PH	Exact	
SERVED FOR BINDING	INK-THIS IS A PERMANENT RECORD. Every item	should be stated EXACTLY. PHYSICIANS sho	t it may be properly classified. Exact statement of	
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FOR	IS A	state	prope	on hack of cortificate
A	HIS	be	be	90
ERVI	K-T	plnou	may	hank
S	Z	50	t it	200

state of infor-

plu

CCUPA-

CEDTICICATE OF DEATH STATE OF MARYLAND

	CERTIFICATE OF DEATH 11936
	Registration Dist. No. 100
(If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrs,mosds.
	St., Ward. If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
7	21. DATE OF DEATH (Month) (Year)
	22. I HEREBY CERTIFY, That I attended deceased from
	I last saw h & elive on & 19.3. 2, deeth Is said
ırs.	to have occurred on the date stated above, at 119, m.
113.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
	α
	Extram 2 med

	Other Coutributory Causes of importance:
	Jacksonway J. B. Olas
-	region
	Name of operation Date of
-	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	Accident, suicide, or homicide?
	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
32	Manner of Injury Nature of injury
1	24. Was disease or Injury In any way related to occupation of deceased?
: []-	If so, specify
1	(Signed) M. D.

1. PLACE OF DEATH Village or City Length of residence in city or town where death occurred 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Days Years Months If LESS than 1 day.____ or min. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... OCCUPATION 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and 11. Total time (years) spent in this occupation _____ instructions 12. BIRTHPLACE (city or town) (Stata or couptry) FATHER 13. NAME See 14. BIRTHPLACE (cily or town). (State or country) MOTHER important. 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) very 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL TION is 19. UNDERTAKER (Address) (Address) 132/ CCC Address) Registrar.

If more blanks are negled, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example EIVED		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
22.10.10.000.00	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	174 2
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B .- WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

FOR BINDING

ARGIN RESERVED

V. S. No. 1

County or Charles	Posistration Dist. No. 1	9 0
0 1	Registration Dist. No. 10	
	NoSt., If death occurred in a hospital or institution, give its NAME instead of street and numb	
Length of residence In city or town where death occurredyrs,mo	sds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME hos. Senny		
(a) Residence; No.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Hale Black 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (wrighthe word)	21. DATE OF DEATH (Month) (Day) , 193	(Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY That I ettended dece	ased f
5. DATE OF BIRTH (month, day, end year) Feb. 14, 1908	0 0	ath is
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at Sem.	
24 9 3 1 day,hrs.	THE PRINCIPAL CAUSE OF BEATH and related causes of importance	ta of or
8. Trade, profession, or perticular kind of work done, as SPINNER, Ralberer . SAWYER, BDOKKEEPER, etc.	Typhond Tener	
9. Industry or business in which work was done, as SILK MILL,		
SAW MILL, BANK, etc.		
Spont in this		
year) occupation	Ditie Contributory Causes of impostance:	
12. BIRTHPLACE (city or town) legale And	Artestinal Generalia de	
(State or country)		
14. BIRTHPLACE (city or town) Claula a. Dud.		
14. BIRTHPLACE (city or town) Claula a la Que	Name of operation Dete of	
(State or country)	What test confirmed diagnosis? Wes there an autop	
15. MAIDEN NAME Maril Lucan	23. If deeth was due to externel ceuses (VIOLENCE) fill in elso the following:	
15. MAIDEN NAME Mary Suean 16. BIRTHPLACE (city or town) Offarlus Ce, Mid. (State or country)	Accident, suicide, or homicide? Date of injury	19
(State or country)	Where did injury occur?	10
7. INFORMANT From Carry, (Address) Pisotale Mil	(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,	
8. BURIAL, CREMATIONS OR REMOVAL	Manage of Science	
Place Supremet Date MM1 19. 19 82	Manner of injury	
OH A CP	Nature of injury	1
19. UNDERTAKER Stanley Jenny (Address) Indigan Seed Mid.	24. Wes disease or injury in any way related to occupation of deceased?	40
20. FILED YV. 17, 1932 Many Southerland	(Signed) Skoil, Taichrell	1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis DEC 6 1999	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage BUREAU V S.	July 5, 1927	Peritonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

PLACE	OF	DEATH
County 6	Re	nles.

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 103
Village or City (No. 2FULL NAME VEOLa L. Ver	St.: Ward) St.: Ward) a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ferral Color OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH 16 DATE OF DEATH 17 (Month) (Day) (Year) (Year
(Month) (Day) (Year)	that I last saw h go alive on 200 2 1 , 1927
7 AGE 2 9 yrs. 6 mos. 7 ds. or min.? 8 OCCUPATION (a) Trade, profession or Particular kind of work	and that death occurred on the date stated above, at 5 P. m. The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Jales 11 BIRTHPLACE	(Duration) yrs. 8 mos. ds. Contributory Secondary (Duration) yrs. mos. ds. (Signed) M. D.
OF FATHER Z (State or country) 12 MAIDEN NAME OF MOTHER Harrieh Lucius	*State the Disease Causing Death, er, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferator Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs mos ds, State yrs mos ds. Where was disease contracted, if not at place of death?
(Informant) Oscar Rueler: (Address) Wicomico	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL St May Cherch Newford. 3770.26 1932
Filed Nov. 76 1932, Phipper Registrar	20 UNDERTAKER ADDRESS Chapters 1, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs., For persons who have no occupation business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil ongineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to cuch and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day (b) Automobile factory. The material (b) Grocery;

Strtement of Cause of Death—Name, first, the Dis-EALT CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." "PUERPERAL scpticaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonacum, etc., Carcinoma, Soreoma, etc., of approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease volvular etc. The heart disease; contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

should state

1. PLACE OF DEATH	22)
County Clearles	Registration Dist. No. / O /
Village or City Quarlury	NoSt., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Julian Smith	
(a) Residence: No.	St, Warel.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hale Glack 5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (wagie the word)	21. DATE OF DEATH W. (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, that I attended deceased from 1932 10 MW. 3 1932
6. DATE OF BIRTH (month, day, and year) Feb. 12, 1892	I last saw harmalive on 2200. 3 ,19.32; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were estallows: Date of onset
o kind of work done, es SPINNER, Helper in SAWYER, BOOKKEEPER, etc.	The state of the s
Industry or business in which	
work was done, as SILK MILL. Chemical Laboratory SAW MILL, BANK, etc. 11. Total time (years)	
this occupation (month and year) 11. Total time (years) spent in this occupation	
Oliver a. March	Other Contributery Causes of importance:
12. BIRTHPLACE (city or town) Clarific Grant (State or country)	The state of the s
13, NAME ames Smith.	
I aliante a la	Name of operation Date of
4 14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME HAM! Lucen	23, If deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Du while Cu. Kud.	Accident, suicide, or homicide? Date of injury 19
(Stete or country)	Where did injury occur?
17. INFORMANT This. Gray and (Address) markered and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Jonnyret My Date alv. 3, 1932	Nature of injury
In Penned -	24. Wes disease or injury in any way related to occupation of deceased? No-
19. UNDERTAKER (Address) Ancha an March M.	If so, specify
	(Signed) Geo, C. Beckmell M. D.
20. FILED M. 4 1952 Mary Southerland.	(Address) markury md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	0.00	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH County	A	Registration Dist. No.	108
Village or City Hall	dork	No.	St., Wa
Length of residence in city or town where		If death occurred in a hospital or institution, give its NAME instead of s	street and number)
5	Jones James II	of the state of th	
2. FULL NAME (1)	da cours	Suvar	
(a) Residence: No. OVAL	(Usual place of abode)	St., Ward. If nonresident give city or	town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DE	EATH
SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH WOO 16	. 193
. If married, widowed, or divorced	To the surg	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of		22 LHEREBY CERTHY, That	attended deceesed f
	0015-1860	00 10000	19.32 death is
AGE Years Months	Deys If LESS than	to heve occurred on the date stated above, at	, 19 death is s
77	/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of imports	ance
8. Trede, profession, or particular		were as follows:	· Date of on
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Love	Metant reginalation	1 197
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc		The same of the sa	
SAW MILL, BANK, etc	11. Totel time (years)	-	
this occupation (month end	spent in this		
11-	elate:	Other Contributory Causes of importence:	
State or country)	ryland		
13. NAME STORES DEO	ibile.		
14. BIRTHPLACE (city or town)	- O - O - of led	Name of operation	Dohoof
(Stete or country)	20	Whet test confirmed diegnosis? Was	VA
15. MAIDEN NAME DOLLEC	t. majle	23. If death was due to external causes (VIOL ENCE) fill in also the	
16. BIRTHPLACE (city or town)	buldery	Accident, suicide, or homicide? Dete of injur	
(State or country)	ry/and	Where did injury occur?	
INFORMANT (Address) Novel 2	Iren Sewarf	(Specify city or town, count Specify whether injury occurred in INDUSTRY, in HOME, or in Pt	y and State) JBLIC PLACE.
BURIAL, CREMATION, OF REMOVAL	1. M. 218 2	Manner of injury	
Plage If I	Vote 1,11010,19	Nature of injury	····
UNDERTAKEN SUULAS	SIG	24. Was disease or Injury In any way related to occupation of dece	pased?
FILEDRIV 17 19 32 (71 6 7 1 1 1	(Signed) Sun Steven	-V N

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	7561 h 230 f	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: